U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person filing. 4. Name, file number, and address of labor organization. Name Thomas G Koehler Name IBEW Local Union 160 Labor Organization File Number 6227-527 P.O. Box, Bldg., Room No., if any P.O. Box, Building and Room Number, if any Street 9764 Washburn Ave. N Street 2522 Marshall Street NE City Brooklyn Park City Minneapolis			
3. Name and address of person filing. Name Thomas G Koehler Name TBEN Local Union 160 Labor Organization File Number D2Z-5ZZ P.O. Box, Bldg., Room No., If any Street Posting and Room Number, If any Street Posting and Posting and Posting and Room Number, If any Street Posting and Posting and Room Number, If any Street Posting a	ered From:	ile Number U - 11365	
Name Thomas G Koehler Labor Organization File Number 0222-522 P.O. Box, Bidg., Room No., If any P.O. Box, Building and Room Number, If any Street 9764 Washburn Ave. N Street 2522 Marshall Street NE City Brooklyn Park City Minneapolis State Minnesota ZIP Code + 4 55444-1016 State Minnesota ZIP Code + 4 554 5. Position in labor organization. Business ManagerFinancial Secretary Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interest (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any 7.b. Amount.	1 / 2004 Through: 12 / 31 / 2004		
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City State ZIP Code + 4). Box, Bldg., Room No., if any	
State ZIP Code + 4		eet	
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Signature		te ZIP Code + 4	
	Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the informati submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			

Telephone Number

Name of Person Filing Thomas Koehler	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Xcel Energy Trade Name, if any: Northern States Power P.O. Box, Bldg., Room No., if any Street 414 Nicollet Mall City Minneapolis State Minnesota ZIP Code + 4 55401	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Collective Bargaining Agreement between the parties.
City . State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Labor - Management Meeting Break K-last Ed Custz May 24, 2004 12.b. Amount. Appax #8,000
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	er parts A and B above)
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.